

Case Number:	CM14-0161869		
Date Assigned:	10/07/2014	Date of Injury:	08/20/2010
Decision Date:	11/18/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60-year-old male with an injury date of 08/20/10. Based on the 08/21/14 progress report provided by [REDACTED], the patient complains of neck and lower back pain rated 4/10 with and 8/10 without medications. Physical examination to the cervical spine revealed that range of motion was restricted. Examination to the lumbar spine revealed surgical scars, tenderness to palpation and myospasm. Range of motion was restricted with pain. Straight leg raising test was positive on the right. Patient continues to report functional benefit with medications with no significant side effects. Ambien is helping with sleep induction related to pain. Ibuprofen is helping for inflammatory aspect of pain. Flexeril is helping with muscle spasms, particularly at night, and helps with sleep. Ambien, Ibuprofen and Flexeril were included in patient's prescriptions per treater report dated 03/06/14. Diagnosis 08/21/14- cervical root lesion- lumbar radiculopathy The utilization review determination being challenged is dated 09/10/14. The rationale follows: 1) Ibuprofen 800mg #90 with 5 refills 2) Flexeril 10mg #30 with 1 refill 3) Ambien 10mg #20 with 1 refill [REDACTED] is the requested provider and he provided treatment reports from 03/06/14 - 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ibuprofen 800 mg #90 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 71-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: The patient presents with neck and lower back pain rated 4/10 with and 8/10 without medications. The request is for Ibuprofen 800mg #90 with 5 refills. His diagnosis dated 08/21/14 included cervical root lesion and lumbar radiculopathy. Ambien, Ibuprofen and Flexeril were included in patient's prescriptions per treater report dated 03/06/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Patient continues to report functional benefit with medications with no significant side effects. Treater states in progress report dated 08/21/14, that Ibuprofen is helping with inflammatory aspect of pain. The request meets MTUS indication and therefore is medically necessary

Flexeril 10 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

Decision rationale: The patient presents with neck and lower back pain rated 4/10 with and 8/10 without medications. The request is for Flexeril 10mg #30 with 1 refill. His diagnosis dated 08/21/14 included cervical root lesion and lumbar radiculopathy. Patient continues to report functional benefit with medications with no significant side effects. Ambien, Ibuprofen and Flexeril were included in patient's prescriptions per treater report dated 03/06/14. Treater states in progress report dated 08/21/14 that Flexeril is helping with muscle spasms, particularly at night, and helps with sleep. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Review of reports show patient has used cyclobenzaprine, in the form of Flexeril at least from 03/06/14 per treater's report, until utilization review date of 09/10/14. Therefore the request is not medically necessary.

Ambien 10 mg #20 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ambien Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: The patient presents with neck and lower back pain rated 4/10 with and 8/10 without medications. The request is for Ambien 10mg #20 with 1 refill. His diagnosis dated 08/21/14 included cervical root lesion and lumbar radiculopathy. Patient continues to report functional benefit with medications with no significant side effects. Ambien, Ibuprofen and Flexeril were included in patient's prescriptions per treater report dated 03/06/14. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines state that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The treater states in progress report dated 08/21/14 that Ambien is helping with sleep induction related to pain. In this case, medical records indicate the patient has used Ambien at least from 03/06/14 per treater's report. Furthermore, the treater is requesting 10mg #20. ODG does not recommend long-term use of this medication and, therefore the request is not medically necessary.